

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595 462

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2		/					52						
3		/					53						
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43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	44												
TOTAL CLAIMS	48						TOTAL DEP.						